

INFANT VENA Questions

1. What is your greatest concern about your baby?
2. How would you rate your current stress level on a scale of 1-10 (1 is low, 10 is high)? (901)
3. Tell me who your baby sees for medical care.
4. When and where is your baby around people who are smoking indoors? (904)

(Growth discussed with growth grid review)

5. Tell me about any health or medical issues your baby has. (134, 142, 151, 211, 341-355, 357, 359-360, 362, 381, 382)
6. Tell me about any vitamins, supplements, herbs, teas or medications (RX or OTC) your baby is taking? (357, 427)

For Babies Receiving Any Breastmilk:

7. What questions do you have about breastfeeding and your baby? (How often in a 24 hour period does your baby breastfeed or get expressed breastmilk? How long does a typical feeding last? Are you experiencing any breast problems?)

For Babies Receiving Any Formula:

8. What does your baby use to drink? (bottle, sippy cup, regular cup) (411)
9. Describe how you mix and store your baby's formula. (411)
10. How much formula does your baby eat in a day?

For All Babies:

11. What have you heard about introducing solids?
12. (If foods have been introduced) How does your baby eat? Where is she/he when eating solids? Does anyone normally eat with the baby? (Evaluate foods to age appropriateness for texture, consistency, and parent/hand/finger/utensil. What else is going on?) (411)
13. Describe a typical feeding session/mealtime in your home. (Where is the baby when she/he is nursing or taking a bottle? What else is going on when your baby eats?)
14. (For older babies if using any other foods than breastmilk or formula continue with this questions.) Which of these foods, if any, does your baby eat or drink: unpasteurized dairy products, soft cheese, unpasteurized juice, raw, undercooked or rare meat, poultry, fish or eggs (runny yolks)? (411)
15. What questions do you have about feeding your baby? (603, 801, 902)